Contraceptive decision making after the 2016 US presidential election

OBJECTIVE: In the days following the 2016 US presidential election, calls for women to obtain long-acting reversible contraception (LARC), including intrauterine devices and subdermal implants, began trending on social media.[1] Citing concerns for increased costs and restricted insurance coverage, women advocated for contraceptive methods that would "outlast" an administration perceived to be hostile to reproductive health, and news media outlets amplified these concerns.[2,3] Large health systems data have recently corroborated anecdotal reports of increased demand for LARC-related appointments following the election.[4] We sought to further characterize contraceptive decision making during the postelection period.

STUDY DESIGN: An anonymous online survey was distributed for 7 days in mid-January 2017 through social media networks and targeted Facebook advertising to girls and women ages 15-44 years living in the United States. Participants were asked about contraceptive method changes following the election and potential concerns about future access to birth control. Sociodemographic characteristics were assessed and political party affiliation determined using a standard 3-point scale.[5] Multivariable logistic regression was used to characterize the relationship between party affiliation and concerns or method changes. All participants provided informed consent. The institutional review board of the University of Pittsburgh approved this study.

RESULTS: Seven days of social media–based convenience sampling resulted in 2158 completed surveys. Participants had a mean age of 29.2 years, 63% were married, 85% were white, and 80% had a college degree. Overall, 50% identified as Democratic-leaning, 36% as Republican-leaning, and 13% as Independent.

In all, 42% (n = 903) had concerns about future access to contraception following the election. In a select-all-that-apply item, the most prevalent concerns were "birth control will cost more or cost too much" (91%), "Planned Parenthood or other family planning clinics will close" (69%), and "abortion will be less accessible or not an option" (68%).

Overall, 9.4% (n = 203) of participants had started a new contraceptive method since the election, and 5.3% (n = 114)

TABLE
Concerns, contraceptive method changes, and long-acting reversible contraception uptake by political party affiliation

	n (%)[a]	OR (95% CI)[b]	aOR (95% CI)[c]
Concerns about future access			
Republican-leaning, n = 767[d]	25 (3.3)	—	—
Independent, n = 290	31 (10.7)	3.6 (2.1–6.1)	2.8 (1.6–5.1)
Democratic-leaning, n = 1080	844 (78.2)	106.1 (69.5–162.2)	46.0 (29.0–72.8)
Method change since election			
Republican-leaning, n = 767	18 (2.4)	—	—
Independent, n = 290	14 (4.8)	2.1 (1.04–4.3)	1.8 (0.8–3.7)
Democratic-leaning, n = 1080	170 (15.7)	7.8 (4.7–12.8)	6.0 (3.5–10.5)
Change to LARC since election			
Republican-leaning, n = 767	2 (0.3)	—	—
Independent, n = 290	5 (1.7)	6.7 (1.3–34.8)	6.1 (1.2–31.9)
Democratic-leaning, n = 1080	107 (9.9)	42.1 (10.4–170.9)	21.5 (5.1–91.2)

aOR, adjusted odds ratio; *CI*, confidence interval; *LARC*, long-acting reversible contraception; *OR*, odds ratio.

[a] $P < .001$ (χ^2) for all 3 outcomes; [b] Unadjusted models included 2137 participants—21 women did not provide information about party affiliation and were therefore not included in this analysis; [c] Adjusted models controlled for age, race/ethnicity, marital status, religion, education, and household income—n = 2059 due to missing data: party affiliation (n = 21), age (n = 5), race/ethnicity (n = 12), marital status (n = 2), religion (n = 17), education (n = 2), and income (n = 90); [d] Republican-leaning and Democratic-leaning categories include strong Republicans/Democrats, weak Republicans/Democrats, and independent-leaning Republicans/Democrats—political party affiliation along 7-point scale was assessed via standard 3-part branching question[5] and condensed into 3-point scale.

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had obtained LARC. Reasons for changing to LARC included "I wanted a method that would last longer" (86%) and "I worry I won't be able to get this method in the future" (68%). New LARC users indicated that the election directly influenced their decision "somewhat" (25%) or "a great deal" (65%).

Political party affiliation was strongly associated with concerns about future access to contraception and method changes. Compared to Republican-leaning participants, Democratic-leaning participants were significantly more likely to have concerns (78% vs 3%; adjusted odds ratio [aOR], 46.0; 95% confidence interval [CI], 29.0−72.8), to have changed their method since the election (16% vs 2%; aOR, 6.0; 95% CI, 3.5−10.5), and to have obtained LARC (10% vs 0.3%; aOR, 21.5; 95% CI, 5.1−91.2), while adjusting for sociodemographic factors (Table).

CONCLUSION: As politicians debate the scope of reproductive health care access and contraceptive coverage, many women appear to be making contraceptive decisions based on uncertainty about future method availability and affordability. Among 2158 reproductive-aged US women and girls, 42% had concerns about future access to contraception, and 5% had obtained LARC in just 2 months following the election. As this study relied on social media–based convenience and snowball sampling, these findings may not be generalizable to all reproductive-aged US women; however, this study reinforces anecdotal evidence of fear-driven contraceptive method changes.

Ideally, providers should deliver patient-centered contraceptive counseling to facilitate selection of methods best suited to women's preferences, rather than based on fear. However, the extent to which potential policy changes may affect contraceptive access, and the degree to which such concerns should shape contraceptive counseling in the interim, remains unclear. ■

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